DOCUMENT RESUME

ED 225 195 CS 504 054

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TITLE The Group Setting: A Viable Mental Health Alternative for the Elderly.
PUB DATE Nov 82
NOTE 14p.; Paper presented at the Annual Meeting of the Speech Communication Association (68th, Louisville, KY, November 4-7, 1982).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Age Discrimination; *Aging (Individuals); Communication Skills; *Group Counseling; Group Discussion; *Group Therapy; Interaction; *Interpersonal Communication; *Older Adults; Self Esteem; Social Isolation; Social Problems

ABSTRACT

Group settings offer the elderly a unique outlet for interpersonal communication and can alleviate social isolation and aloneness. Group cohesiveness and instillation of hope are two curative factors in the group setting. Persons working with the elderly must be aware of their special problems and also be sensitive to their own age bias. Group work with the elderly can be divided into four main levels: (1) reality orientation, which attempts to make the client aware of the present; (2) remotivation, which is highly goal oriented; (3) reminiscing, which is past oriented; and (4) psychotherapy, conducted by a trained professional for self-awareness, self-acceptance, and a sense of personal continuity. While very little experimental research has been conducted in the area of group work with the elderly, one study did assess the interaction of group workers and members in a behavior modification group. Another study found problem solving useful in increasing social skills. Group work with the elderly will likely expand rapidly in the near future, because of its economic and interpersonal benefits. As the increasing numbers of older people gain more information about group functioning, they will probably find participation and leadership in such groups more acceptable. (HTH)

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THE GROUP SETTING:
A VIABLE MENTAL HEALTH ALTERNATIVE FOR THE ELDERLY

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Paper presented to the Speech Communication Association
National Convention
November 1982

CS504054

THE GROUP SETTING:

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> Just as all people's problems are not necessarily related to their communication skills, so it must be that they cannot necessarily solve all problems by focusing on communication (Burgoon & Ruffner, 1978, p.4).

Communication has often been touted as the panacea for all interpersonal ailments. Initially, it should be acknowledged that this author recognizes that "more communication is not necessarily better communication". Communication should not be considered the alchemy of the modern social scientist; however, increased communication can be a valuable tool when working with the older adult. For the older individual, communication—in and of itself—may indeed have curative properties. The group setting offers a unique outlet for enabling and increasing interpersonal communication for the elderly.

The area of aging has generated a great deal of interest in the last few years. The special concerns, problems and potentials of older persons have often been neglected in both research and practice. Waters et al. (1979) stated that older people receive a disproportionately small share of psychotherapeutic services. Butler and Lewis (1977) estimated that at least 15 percent, or three million people over 65 are in need of some type of mental health services.

One promising approach for meeting some of the mental health needs of the elderly is utilization of the small group setting. Group process can be a useful method of providing preventative social and psychological services, as well. Groups are more practical economically than individual counseling, but of more importance, the dynamics of a group allow a type of personal interaction which otherwise may be lacking for elderly people. Lowy (1962, p.50) suggested that "groups can be utilized to alleviate isolation and aloneness; to cope with problems of loss of social identity".

This paper will: (1) discuss the ramifications of social isolation in terms of the self-system, (2) provide an overview of group process with the older individual, (3) note specific applications of group methods now in use, and (4) suggest future directions of study and practice in this area.

The Self-system: The Role of Interpersonal Communication

> Communication is the process that links the individual to society. It is essential to the developmental process. Communication in interaction is complex and multifaceted. It involves cognitive skill, social knowledge, and personal intention, as the individual adapts to society and structures his view of the world and himself (Tamir, 1979, p. 23).

The relationship of interpersonal communication to the development of self-concept, roles, rules and many other basic psychological constructs has been a major concern of communication research in recent years. It is only reasonable to suspect that life-cycle changes which result in increased isolation from social interaction may cause individuals to undergo substantial adjustments in regards to these basic variables of communication and psychology.

It is widely recognized that as persons grow older they become increasingly isolated (Hess, 1970; Tamir, 1979). Tamir (1979) noted that the social roles the individual plays and the norms of behavior he observes anchor the individual within the social structure. She added that the older adult usually experiences a loss of social roles , as well as, a lack of norms for behavior in the latter part of the life cycle.

Additionally, self-concept is altered by increasing isolation and the changing social interaction which often accompanies the advance in years. The nature of interaction with others in creating and maintaining one's self-concept has been repeatedly addressed (Watzlawick et al.,1967; Rosenberg, 1979; and McDermott, 1980). In fact, Palmore and Jeffers (1971) suggested

that positive self-concept was correlated with increased longevity.

Bettinghaus and Bettinghaus (1976) emphasized that communication is used for maintenance of personal stability. When normal patterns of communication are disturbed people may experience personal psychological disruption. Woelfer (1976) echoed this finding in the following statement:

> There is an important body of medical opinion that holds that simple inactivity worsens general health and may even speed the aging process. If this is true, then removal from the information stream may well lead to important declines in the health of the aging population and perhaps shorten lifespans to an unknown extent (p. 70).

After having briefly reviewed the effect of social isolation on the older individual, the use of groups as an antidote to this isolation will be discussed subsequently.

An Overview of Group Process With Older Adults

The use of the group setting with the elderly is a relatively new and unexplored area. The pioneering work is multi-disciplinary and includes research from a variety of related fields, such as: nursing, psychology, social work, and recreational and occupational therapy diciplines, to name a few.

The social work discipline was one of the first to recognize the value of group work with the elderly (See Linden, 1953; Kaplan, 1953). Farrar and Ferrari (1960) found that an integration of casework with group work proved useful in the nursing home setting. They noted that group work was particularly effective as an antidote for lonliness, self-absorption and physical complaints. Lowy (1962) stated that the use of the group to improve social functioning of the individual was a basic tenet of social work practice.

Belonging to groups is a vital part of our developmental process throughout life. Groups such as our family, peer groups, church groups, clubs and occupational groups are fundamental to our understanding of self and others. Unfortunately, for the older person restricted by health, transportation, retirement or living situation, many of these groups are no longer accessible or in existence. Needs previously fulfilled by groups are no longer met at all for many older persons. Lowy (1962) asserted that groups are not something the older person may need "in addition to" his/her environment, but rather they are an integral part of meeting emotional needs.

Richman (1979), in a study of a couples therapy groupfor the elderly, found support for Lowy's thesis. He stated that intellectual insight into marital problems or personality factors didn't seem to contribute to improvement, rather the presence of the group seemed to be the primary factor in improving marital relations. The group enabled members to become less dependent upon spouses and more self-sufficient by providing other social networks.

Identifiable problems in groups of older adults. Aside from the social network which groups provide, there are some recurrent themes and problems which appear in groups comprised of older people. Themes of basic inadequacy and interpersonal alienation are pervasive. Additionally, subjects such as physical limitations, health problems, rejection by family members, boredom, and especially loss and death are often central concerns.

Burnside (1978) suggested that group work with the elderly differs from group work with other age groups in a variety of ways. For example, work may have to be conducted at a slower pace, physical ailments and impairments must be taken into account and vast age differences between the leader and members might be expected. She summed up her many examples of differences with the

following advice on group work with older people: (1) be more directive, (2) be less confrontive, (3) be more supportive, and (4) recognize that this type of group work is more of an ongoing function of teaching members wyas of expressing themselves and listening to others.

Group work theory. Yalom's 1970 publication The Theory and Practice of Group Psychotherapy is invariably mentioned in articles when discussing the theoretical basis for group work. Burnside (1978) acknowledged the centrality of Yalom's principles although she did add some important modifications. In the following paragraphs this paper will examine a few of the important constructs in group functioning including: (1) the maintenance of stable groups, (2) sub-grouping, (3) functioning of the group leader, and (4) curative factors.

Regarding the maintenance of stable groups Burnside (1978) noted that death is a much more common cause of attrition in groups of elderly people than in most groups. Because death and illness are not unusual occurences the therapist must be prepared to deal with the feelings that arise from loss on both a personal and a group level.

Yalom (1975) found sub-grouping generally disruptive to the group as a whole and a principle reason for attrition. He suggested that it caused complications for members regardless of whether they were excluded or included in the sub-group. Burnside (1978) posited that sub-groups within the group of older persons may not be detrimental, and may in fact help increase personal and group stability.

The group leader may initially be the pivot of an "older group" to a much greater extent. Members may ignore other members and speak only to the therapist in the first few sessions (Burnside, 1978). The leader's roles,

as identified by Yalom, are applicable to group settings with members of all ages. Because older people may be less familiar with or more resistant to a group setting, the leader may find this particular age group requires a more forceful leadership style.

Yalom (1975) proposed that one could identify eleven general categories of factors which were curative in the group setting. Two of these factors are particularly noteworthy for the older group. Group cohesiveness provides a feeling of togetherness which is fundamental to emotional well-being, as previously discussed. Instillation of hope can be one of the most important benefits of group functioning since many older people feel they have little to look forward to.

Problems with group work. When discussing group work it is necessary to look at some of the disadvantages or pitfalls. Although groups tend to be very useful in providing services for older persons Lowy (1962) offered a note of caution which is especially relevant:

> Groups can be too embracing and strangle in their embrace; they can be threatening and stifle individuals; they can be torturing instead of nurturing.

Galinsky and Schopler (1977) caution that groups may be dangerous for persons who have inadequate or inflexible defenses, lack attraction to the group, and are unable to perceive expectations accurately.

Age bias and its effects. Recognition of age bias is of importance to all persons working as therapists, but it is especially important that the therapist who works with older persons be aware of age bias since our most debilitating assumptions seem to be made about older people. According to Schlossberg et al. (1978) we have become sensitive to prejudices of an ethnic or sexual nature but we continue to overlook stereotyping based on age.

Troll and Nowak (1977) noted that in a survey of several hundred counselors, over half were "age biased". Neugarten (1968) suggested that we are deeply influenced by built in "social clocks". We guage our behavior by implicit beliefs that there is a "right age" to marry, have a child, start a career and retire from that career. To be "off time" is to be "age deviant" (Troll and Nowak, 1977). In general, age bias is manifested in three primary ways: (1) age restrictiveness or setting of arbitrary limits for behavior, (2) age distortion or misperception of characteristics based on preconceived ideas or beliefs, and (3) age-ism or negative attitudes towards any age group.

Neugarten et al. (1965) in a study on age-appropriate behavior found that subjects viewed age 65 as the cut off age for all activities. More recent studies have shown that older persons tend to be more old-age-biased than do younger people. Consequently, negative stereotypes held by group members about themselves must be recognized and dealt with.

Specific Applications of the Group Setting

There are numerous types of groups and an equally prolific number of settings in which they occur. The following examples of formal group settings provide some insight into the practical application of group theory.

Burnside (1978) stated that group work with the elderly could be divided into four main levels: (1) reality orientation, (2) remotivation groups, (3) reminiscing and creative groups, and (4) psychotherapy groups.

Reality orientation groups do not require a professional as a leader. Reality orienting attempts to make the patient/client aware of the present. Group interaction is used to further reduce disorientation for people who may be regressed or confused.

Remotivation groups also attempt to make the individual aware of reality, but in addition these groups are highly goal oriented. Individuals are

encouraged to describe the self concretely as a person with specific social functions. They are asked to speak accurately about both past and present experiences (Dennis, 1978). These groups attempt to facilitate the integration of self with the environment.

Reminiscing groups are of course past oriented. Tamir (1979) pointed out that older adults engage in more "life review" or past oriented thinking than do younger individuals. She further concluded that reminiscing contributes to self-awareness, self-acceptance, and a sense of personal continuity (p. 136). Many older people do not readily affiliate themselves with their own age group because they perceive themselves and their peers as having little value in society. Ebersole (1978) suggested that reminiscing groups enable older people to establish positive identity. Also, they help people rediscover their generation's influence in shaping history and help instill a sense of importance.

Group psychotherapy should always be conducted by a trained professional. There are many barriers in groups comprised of older persons which make group psychotherapy more difficult. Burnside (1978) pointed out that expressing personal problems in a group setting may be especially foreign to older persons. Group development is generally slow for many reasons and often there is a high absentee rate. Goals must be set which are clear and practical for both group members and the group leader. Examples of specific applications of group psychotherapy can be found in Levine and Poston's (1980) work with elderly narcissistic patients and in Richmann's (1975) work with older couples experiencing marital difficulties.

Future Directions of Study and Practice

Currently, literature in the area of group work with the elderly is limited in quantity and some argue, in methodology. Very little experimental research

has been done in this area. Linsk et al. (1975) used behavior modification as a group work approach and assessed the interaction of group workers and members. Toseland (1977) used problem-solving as a basis for judging the effectiveness of a group workshop with the elderly and found that this technique was useful in increasing social skills.

Most likely future research in this area will join the trend toward experimental methodology and move away from a case study approach. Hopefully, persons engaged in practice will continue to report their findings, as they have offered valuable insights in the past and no doubt can continue to do so. Communication research could offer some useful approaches to study in this area by isolating applicable communication variables and constructs. Much research which has been conducted in the area of interpersonal communication could provide the theoretical framework for examining quantitative and qualitative differences which occur in groups as a function of age.

Practice in the area of group work with the elderly will most likely expand rapidly in the coming years. Economically the group setting is more feasible than individual therapy, and becuase of the interaction provided within the group framework it may be more beneficial, as well.

Increased population over age 65 will necessitate the delivery of more services. The group setting is an attractive alternative given that the demand for services will probably exceed the supply of trained personnel. Projections show that by the year 2000 there will be 12 million men and 18½ million women over 65 (Burnside, 1978). From a sociological standpoint this disproportionate male/female ratio deserves attention. In terms of health care services, some additional emphasis on group work with elderly women should perhaps be undertaken.

Finally, as older persons become more aware of their potentials and freer

from stereotypes which have been disabling in the past, they may start contributing more to studies of, and practice with, the older adult. Older people will probably become more active in leading groups and writing about group experiences. Already practitioners and researchers have found that interest in the elderly has resulted in them finding themselves more interesting.

Summary

Using the group setting to provide psychological services for older adults is a relatively recent phenomenon. Self-report suggests that this type of interaction has been very useful to participants. Simply having membership in a group appears to be a positive experience which can lead to more involvement with others and an improved self-concept.

In the future the elderly may become more readily involved in groups due to increased exposure to them. Presently there are many barriers because of unfamiliarity with group processes. As older people gain more direct and indirect information about group functioning they will probably find participation and leadership in groups more acceptable. Continued research into similarities and differences in group functioning based on different ages of members is an untapped area which deserves further study. Finally, given the need for services in both quantity and quality, group work will probably continue to prosper as a setting for working with older adults to enhance their lives.

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